Florida HEALTH Department of Health

ROBERT BRUCE DONOWAY

License Number: ME58579

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1991
License Expiration Date	01/31/2028

General Information

Primary Practice Address

ROBERT BRUCE DONOWAY
4000 HOLLYWOOD BLVD
SUITE 555 SOUTH
HOLLYWOOD, FL 33021

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
MEMORIAL HOSPITAL WEST	PEMBROKE PINES	FLORIDA
	HOLLYWOOD	FLORIDA
	AVENTURA	FLORIDA

Email Address

Please contact at: **assistdrdonoway@yahoo.com**

Other State Licenses

This practitioner has not indicated any additional state licensures.

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF PENNSYLVANIA		8/1/1979 - 5/1/1983	05/01/1983

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
HOSPITAL OF UNIVERSITY OF PENNSYLVANIA	INTERNSHIP			PHILADELPHIA	PENNSYLVANIA	06/01/1983	06/01/1984
HOSPITAL OF UNIVERSITY PENNSYLVANIA	RESIDENCY			PHILADELPHIA	PENNSYLVANIA	07/01/1984	06/01/1987
HOSPITAL OF UNIVERSITY OF PENNSYLVANIA	OTHER PROGRAM			PHILADELPHIA	PENNSYLVANIA	07/01/1987	06/01/1988
UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE	FELLOWSHIP	OTHER	TUMOR IMMUNOLOGY	PHILADELPHIA	PENNSYLVANIA	07/01/1988	06/01/1989
MEMORIAL SLOAN/KETTERING CANCER CENTER	FELLOWSHIP	OTHER	SURGICAL ONCOLOGY	NEW YORK	NEW YORK	07/01/1989	06/30/1990

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF SURGERY	GS - SURGERY	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding $100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
CHAIRMAN/CANCER COMMITTEE JULY 95-JUNE 02
CHAIRMAN/PAIN MANAGEMENT COMMITTEE JULY 95-JUNE 01
MEDICAL DIRECTOR, MEMORIAL REGIONAL CANCER CENTER 9/98-00

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
BENJAMIN FRANKLIN SCHOLAR	UNIVERSITY OF PENNSYLVANIA
ALPHA EPSILON DELTA HONOR SOCIETY	UNIVERSITY OF PENNSYLVANIA
MERCK ACADEMIC AWARD 1983	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE
JOHN B. DEAVER SURGICAL AWARD	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE
BEST DOCTOR IN SOUTH FLORIDA - OCTOBER 1998	MIAMI METRO MAGAZINE
MASK AND WIG	UNIVERSITY OF PENNSYLVANIA

Community Service/Award/Honor	Organization
PHILOMATHEAN SOCIETY	UNIVERSITY OF PENNSYLVANIA
ZELOSOPHIC SOCIETY	UNIVERSITY OF PENNSYLVANIA

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
TOTAL PARENTERAL NUTRITION AND TUMOR METASTASIS	SURGERY	01/01/1991
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Professional Web Page

www.thedonowaycenter.com

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN CANCER SOCIETY
AMERICAN SOCIETY OF BREAST SURGEONS
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
BROWARD COUNTY MEDICAL ASSOCIATION
CERT: SOCIETY OF SURGICAL ONCOLOGY - SURGICAL ONCOLOGY
SOCIETY OF SURGICAL ONCOLOGY